Application for License to Sell Ice Cream Products or Confections

Applicant's Name	
Date of Birth/ Driver's License #	(
Home Address	Phone # ()
Business Name	Phone # ()
Business / Local Address	
Goods to be sold are:	
Michigan Sales Tax License No	
Insured By	
(Folicy must be presented with needse at	prication)
(Applicant's Signature)	(Date)
By signing, I the applicant, certify that I have sent, or will send, each under this license for a police background check, as required under of the City Code may result in the <i>immediate</i> revocation of this licen	City Code 844.22(b). I understand that ANY violation
Subscribed to and sworn before me, a Notary Ingham, Michigan, this day of	·
(Notary Public, Ingham County)	(My Commission Expires)

FEES

\$15 per Vehicle for 6 Month License \$25 per Vehicle for 12 Month License \$100 per Agent / Employee of the company
For background check as per LCO 844.22.

All fees are NON-refundable & Due at the time of Application

ICE CREAM / CONFECTION LICENSE, CONT. (pg. 2)

LIST OF EMPLOYEES

NAME	Date of Birth	Driver's License #	Background Included &	Check Approved

LIST OF VEHICLES TO BE USED

Veh.#	Vehicle Identification Number (VIN)	License Plate	Weight on Registration

Information of the Company, including license plates and employee names, may be posted on the City of Lansing website for verification by citizens.

ICECREAM.APP (REV. 2/06)



Chris Swope	
Lansing City Clerk	

Criminal History Conviction Record Check Authorization Form

Dear Driver:

As part of the Licensing process for Ice Cream Peddlers, we need you to complete the background and criminal history record check authorization listed below. This information must be returned with your application to the **Lansing City Clerk's Office**, 9th Floor City Hall, 124 W. Michigan Ave., Lansing, MI 48933

We appreciate your help regarding this matter. Please call us at (517) 483-4131 if you have any questions.

		Date:			
regarding my crim birth, sex and my a	inal conviction histo age will not be mad	ory to the City of Lansing	City Clerk's Office. I ent Application and th	rmation from any appropriate agency understand that my ethnicity, date of at none of these four (4) items will be icense.	
l acknowledge that Record Check will		kground investigation, in	cluding, but not, limite	d to a State Police Criminal Conviction	
		City Clerk's Office has the the results of this investigation		aw my request to be a driver for an Ice	
(Please Print Cle	early)				
Full Name:					
	First	Middle	Last	Maiden/Other	
Date of Birth:		Sex:		Race:	
Social Security N	No:		Driver's License #		
List all names ev	ver used:				
			Signature		